# FORM TO SAY 'YES' OR 'NO' TO THE BLOOD TESTS FOR PESTICIDE HANDLERS IN WASHINGTON STATE

This form may have words that you do not understand. You may take home a copy to think about or show to others. Please ask about any words or other things that are unclear.

You are here because you handle pesticides with the words "Danger" or "Warning" on the label. Because of a new safety law in Washington State, you must make a choice. You must choose to get the blood tests for pesticides or not. You must sign your name on this form to show your choice. Only you can make this choice.

## WHAT HAPPENS AND WHY

To get these blood tests, you must get a "baseline" test and may also get one or more "follow-up" test. That means the first test (baseline) is taken when you have not handled pesticides for a while. After handling pesticides for at least 30 days, you may get another test (follow-up). How often you get tested depends on how much pesticide you handle.

- The purpose of these tests is to help prevent sickness because of dangerous pesticides.
- By law, your employer must make sure that you can get the blood tests when they are required but only if you choose to have blood tests.
- You pay nothing for the blood tests.
- Your employer and Washington State will pay for all costs.

Every time you get the blood test, a medical worker will take about 2 tablespoons of blood from a vein in your arm. This blood will go into two small tubes. The worker will use a sterile needle to take the blood. This part takes about 5 minutes. Then you will wear a Band-Aid on your arm for a few hours.

## TEST RESULTS

The tests could show that you have gotten too much pesticide in you body. If so, you may have to stop all contact with pesticides for up to 3 months while you get better. Or, they could show you are fine and you can continue work as usual.

Your doctor will send the blood to and get the results of each test from the Department of Health. Then he will know if you have gotten too much dangerous pesticide in your body. The doctor or his worker will tell you and your employer what the results mean and what to do next. The Department of Health may also share information about test results with the Department of Labor & Industries. You should ask the medical people if you want to know more about any of these things.

## OTHER KINDS OF TREATMENT

You will choose to get these blood tests or not to get them. There are no other choices.

## RISKS

The risks to your body from getting these blood tests are the risks of a needle stick. You might feel pain or get a bruise. You could feel a little dizzy. Once in a while, someone

faints. Rarely, someone gets an infection. As with all laboratory tests, there could be a mistake in the way the test is done. These risks are small.

Some people are afraid of blood. Others are afraid of needles. If you are one of these people, you may feel uncomfortable about getting the blood tests. Taking the blood test is your choice.

You might worry that your employer will fire you because of these tests. You might worry about losing your benefits or getting your wages cut. You might have other worries. For example, you might worry that your employer will know about the test results. Or, you might worry that you will get sick from dangerous pesticides if you do not get the test. Feel free to talk to the health worker about any serious worries you have.

**BENEFITS**

These tests may help you to avoid sickness from pesticides. They will help you find out if you have too much pesticide in your body. They may help you and your employer make better use of safety equipment. Do you know how well your respirator and other PPE work, the test will help you know they are protecting you. The law says you cannot be fired because of the blood tests. Also, it says your employer cannot cut your pay or benefits because these tests show you need to avoid work with these pesticides. He must continue your usual pay and benefits until you can work with these pesticides again, up to a maximum of 3 months.

**QUESTIONS**

If you have any other questions you can call the Washington State Department of Labor and Industries at 1-800-4BE-SAFE. Information is available in Spanish.

## FORM TO SAY "YES" (GIVE CONSENT) TO THE BLOOD TESTS

I have read this form (or had it read to me). I have talked about the blood tests with the medical person my employer sent me to see. YES, I CHOOSE TO GET THE BLOOD TESTS. I have had a chance to ask questions. For any other questions, I can call **1-800-4BE-SAFE.**

| | |
|---|---|
| _____ | _____ |
| Employee's Name (Print) | Witness Name (Print) |
| _____ | _____ |
| Employee's Signature | Witness Signature |
| Date: _____ | Date: _____ |

***---Complete the following only if form is read to participant, or audiotape is used---***

I confirm that the information in this consent form and any other written information was accurately explained to, and apparently understood by, the participant. The participant freely consented to participate in the blood test program.

_____ _____

Witness Name (Print) Witness Signature

Date: _____

Copies to: Licensed Health Care Provider, Participant

# FORM TO SAY "NO" TO (DECLINE) THE BLOOD TESTS
## (Cholinesterase Monitoring Blood Test Declination Form)

Use with Chapter 296-307-148 WAC, Cholinesterase Monitoring

Employer: _____

I work with dangerous pesticides with the words "Danger" or "Warning" on the label. Their chemical names are "Organophosphates" or "Carbamates". I can get blood tests to tell if I have gotten too much pesticide in my body. I do not have to pay for the cost of these blood tests. My employer and Washington State will pay.

To get these blood tests, I must get them more than once. I must get a "baseline" test and a "follow-up" test. How often I get tested depends on how much pesticide I handle. The tests might show that I have too much pesticide in my body. If so, I may not be allowed to handle pesticides for a short time while I get better. During that time, my employer must continue my usual pay and benefits. He must do so for up to 3 months. This is what the law says.

I have talked about the blood tests with the medical person my employer sent me to see. I have talked about the risks and benefits of the tests. I have decided NOT to get the blood tests now. If I change my mind and want to get the blood tests another time, that is OK too. If I choose to do that, I can still get them another time without cost.

| | |
|---|---|
| _____ | _____ |
| Employee's Name (Print) | Witness Name (Print) |
| _____ | _____ |
| Employee's Signature | Witness Signature |
| Date: _____ | Date: _____ |

***---Complete the following only if form is read to participant, or audiotape is used---***

I confirm that the information in this consent form and any other written information was accurately explained to, and apparently understood by, the participant. The participant freely declined to participate in the blood test program.

| | |
|---|---|
| _____ | _____ |
| Witness Name (Print) | Witness Signature |
| | Date: _____ |

Copies to: Licensed Health Care Provider's file, Participant